

Docket No. <u>977-005</u>

Applicant(s):

Wetmore

Serial No. Filed

10/723,177 November 26, 2003

For

WI-FI RECEIVER SYSTEM AND METHOD

CERTIFICATE OF MAILING (37 C.F.R. 1.8a)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

I hereby certify that the attached Amendment, Amendment Transmittal, Petition for Three-month extension of time, Check for \$1,050.00, and Return Postcard, along with any paper(s) referred to as being attached or enclosed and this Certificate of Mailing are being deposited with the United States Postal Service on the date shown below with sufficient postage as first-class mail in an envelope addressed to the: Commissioner for Patents, P.O. Box 1450 Alexandria, V.A. 22313-1450.

Respectfully submitted,

SOFER & HAROUN, L.L.P.

Valentina Papraniku

Date: March 27, 2008

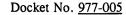
Mailing Address:

SOFER & HAROUN, L.L.P. 317 Madison Avenue, Suite 910 New York, New York 10017 Tel:(212)697-2800 Fax:(212)697-3004 Customer No.: 39600

04/01/2006 RFEKABU1 00000032 10723177

01-FG-1253

1050.00 ftp





IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)

: Wetmore

Group Art Unit: 2623

Examiner: Zhong, Jun Fei

Serial No. Filed

: 10/723,177

: November 26, 2003

For

: WI-FI RECEIVER SYSTEM AND METHOD

AMENDMENT FEE TRANSMITTAL

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for the above-identified application.

- [X] No additional fee is required.
- [] The additional fee has been calculated as shown below:

CLAIMS AS AMENDED

	Claims Remaining After Amendment	Highest No. Covered by Previous Payments	Present Extra	Rate	Additional Fee
Total Claims*	22 -	20	=0	x \$50.00	\$
Independent Claims	2 -	3	=0	x \$200.00	\$
Multiple Dependent Claim(s)	(If claims added by amendment include Multiple Dependent Claim(s) and there was no Multiple Dependent Claim(s) in application before amendment add \$260.00 to additional fee.) Total:				\$ \$
filed _	ed Statement of "Small Reduced of total) paid herewith.	Fees Under 37 CFF		7	\$

Includes all independent and single dependent claims and all claims referred to in multiple dependent claims. See 37 C.F.R. § 1.75(c).

[]	Charge fee to Deposit Account No. 19-2825. Order No A DUPLICATE COPY OF THIS SHEET IS ATTACHED.				
[X]	The Commissioner is hereby authorized to charge any additional fees which may be required for this amendment, or credit any overpayment to Deposit Account No.19-2825. Order No. <u>977-005</u> .				
[]	Page(s) of substitute Sequence Listing				
[]	Computer disk(s) containing substitute Sequence Listing				
[]	Statement under 37 C.F.R. § 1.825(b) that the computer and paper copies of the substitute Sequence Listing are the same.				
[]	A check in the amount of \$ to cover the filing fee is attached.				
	Respectfully submitted,				
	SOFER & HAROUN L.L.P.				
Dated:_N	March 27, 2008 By: Joseph Sofer Registration No 34,438				

Mailing Address:

SOFER & HAROUN L.L.P. 317 Madison Avenue New York, New York 10017 (212) 697-2800 Fax: (212) 697-3004

Fax: (212) 697-3004 Customer No.: 39600